

**5th
Anniversary
Edition!**

mhsoac Update newsletter

January 2010

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Mental Health Services
Oversight and Accountability Commission

MHSA Co-Author, Senate President Pro Tem Darrell Steinberg



By Christina Call

Senate President Pro Tem and past Commissioner Darrell Steinberg says that his passion for mental health advocacy began at UC Davis where he attended law school. “Since I was in law school, disability advocacy has been an issue I have cared deeply about. When I entered the State Assembly in 1998, it became apparent to me that our state’s public mental health system wasn’t working, and I set out to help improve it.”

As a legislator, Senator Steinberg realized he would

Continued on Page 3

INSIDE

MHSOAC Bulletin Board 2

- New MHSA Logo and Slogan
- MHSA Anniversary Events

Capitol View Cover, 3

- MHSA Co-Author, Senate President Pro Tem Darrell Steinberg
- Departing Commissioners

MHSA 4-6

- Getting Involved with MHSA
- MHSA Milestones Chart
- Evaluating MHSA

PEI and INN Progress Reports 7

MHSOAC Site Visits 8-13

- The OAC Visits the OC!
- Scrambled Eggs!
- Riverside County
- Alameda County

MHSA Success Stories 14-15

Contact Us 16

- Future Commission Meetings
- Progress of Sunflower Gardens

Logo Contest Selection



In the last edition of MHSOAC Update we ran an MHSA 5th Anniversary Logo and Slogan contest. The chosen submission was selected by the MHSA 5th Anniversary Planning Committee and will be used as the symbol for the MHSA 5th Anniversary events.

**THE NEW MHSA 5TH
ANNIVERSARY LOGO AND SLOGAN**

MHSA Anniversary Events

In commemoration of the 5th Anniversary of the Mental Health Services Act, which passed in 2004, the MHSOAC has planned several activities. The first was a logo and slogan contest (see the winning submission above) which ran in September. The second is a client art exhibit that was part of Sacramento's Second Saturday Art Walk in December. Client artwork from three MHSA funded programs was shown at The Barton Gallery in Sacramento, on December 12th.

Details regarding other anniversary events scheduled for early 2010 are still being discussed by the MHSA Work Group, and will be made available through our website and updates to our subscriber list.

Visit our website at www.dmh.ca.gov/MHSOAC for more information

or

Email us at mhsoac@dmh.ca.gov with "Add me to the subscriber list" in the subject line and include your name and organization affiliation (if any) in the body of the email to receive updates about all things MHSOAC.

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Staff welcomes news of your professional endeavors, papers, and other content ideas for consideration in future issues.

Submit them to:

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Attn: Communications

MHSA Co-Author, Senate President Pro Tem Darrell Steinberg

Continued from the Cover Page

need a source of funding to expand and improve mental health services, so he turned to the voters with the Mental Health Services Act (MHSA) and in November of 2004, California voters approved the MHSA.

Since the passage of the Act, over \$3.75 billion in MHSA funds has been approved for mental health programs and services throughout California. Senator Steinberg says that he would like to see MHSA dollars used for an expansion of the individuals served by the public mental health sys-

tem. "Of course, I recognize during this fiscal crisis, that expansion may take longer than we expected. But, I would like to see us get there eventually," explained Senator Steinberg.

When asked what he is most enthusiastic about when it comes to mental health, Steinberg replied, "I am most passionate about the possibility that people can live great and productive lives living with mental illness." This principle is evident in the language of the Act and in the innovative programs that have begun to develop with MHSA funds. With these monies, programs are emerging that focus on recovery and resiliency, and services that already existed with this mindset are now able to reach more clients and families.

While he is no longer a Commissioner for the Mental Health Services Oversight and Accountability Commission, Steinberg continues to be an advocate for mental health clients. He currently serves on the California Chief Justice's Task Force on Criminal Justice Collaboration on Mental Health Issues.

Senate President Pro Tem Darrell Steinberg hopes that the MHSOAC will continue to provide the oversight and accountability to ensure that "these precious dollars go to the best uses possible". He would also like to say to mental health clients and their family members, "Keep up the good fight...Mental health consumers and their family members know how far we have come, and yet how much further we have to go."

Farewell Letter to Resigning Commissioners From Commission Chair Andrew Poat

Commissioners Gayle, Prettyman, and Greene:

On behalf of the Mental Health Services Oversight and Accountability Commission, I want to thank you for the time and effort that you have given to further the goals of the Mental Health Services Act.

growth and overall success of this Commission.

this Commission have helped guide us through a challenging year. You have provided us with the knowledge needed to face the challenges that lie ahead.

You have all served the mental health community of California with commitment and passion. On behalf of the Commission, thank you for your leadership and commitment. Your work has provided the



Commissioner Linford Gayle

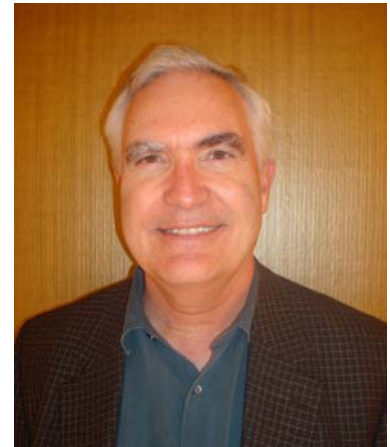
Commissioner Gayle – As a member of the Commission for 5 years and a past Chair of the Commission, you have represented the voice of clients with compassion and clarity as well as provided gifted leadership for the entire Commission. Your participation has been essential to the



Commissioner Darlene Prettyman

Commissioner Prettyman – Also a long time member of the Commission, thank you for your kind and generous spirit; you have always represented clients and family members in an open and honest way. You are a true advocate and we look forward to seeing you at Client and Family Leadership Committee meetings.

Commissioner Greene – Your knowledge and insight regarding the financial responsibilities of



Commissioner Tom Greene

basis for continued progress in the implementation of the Mental Health Services Act. Good luck in your future endeavors and I know that you will each make a difference in whatever path you choose.

Sincerely,

Andrew Poat, Chair

How to Get Involved with the Mental Health Services Act

Interested in getting involved with the Mental Health Services Act (MHSA)?

Here are several ways to do so.

At the Local Level:

Contact Your County's MHSA Coordinator

There is a MHSA Coordinator for every county in California. You can find your county's MHSA Coordinator by visiting www.dmh.ca.gov/Prop_63/MHSA/Contacts.asp and looking through the MHSA County Coordinators Listing.

Join Your County's Committees to Help Draft Plans

If you are interested in being a part of drafting plans for a specific MHSA component, join a committee. Counties typically send out invitations to the public to apply for committees that help draft plans. These invitations are often sent to local media outlets, such as your local newspaper.

Join a Sub-committee

If you are unable to participate in a committee that oversees the development of plans, there may be opportunities to be a part of a sub-committee. Sub-committees deal with more specific issues within an MHSA component. These sub-committees are sometimes referred to as focus groups, workgroups, or task forces. In general, these sub-committees consist of stakeholders, experts, and consumers. At their meetings, sub-committees discuss specific topics and then come back to the larger committee with recommendations.

Sub-committees vary in size, title, and function to best accommodate the unique needs of their communities.

To Comment on Plans:

To comment on a county plan:

- Contact your local MHSA County Coordinator
- Check the county's website and community notices. Community notices can be found at several different locations, i.e. health centers, clinics, libraries, etc.
- Make a public comment at a county hearing
- Fax or mail comments to your county mental health office. *Check first if your county office requires that you use a comment template.*

If a draft plan has already been created and you would still like to comment:

Each county must comply with the 30-day open comment rule. This rule states the plan must be posted onto a county's website for 30 days for comments. Comments are welcome by fax, by mail, or in person.

After the 30 day comment period, you may still comment at the official public hearing. In some counties, this public hearing is held in conjunction with the county's local mental health board. Check with your county mental health office for more details.

In the Statewide MHSA Process:

Attend MHSOAC Meetings

MHSOAC meetings typically occur on a monthly basis. The location of these meetings vary month-to-month. Upcoming location information, the agenda, and meeting documents can be found at <http://www.dmh.ca.gov/MHSOAC/Meeting.asp>.

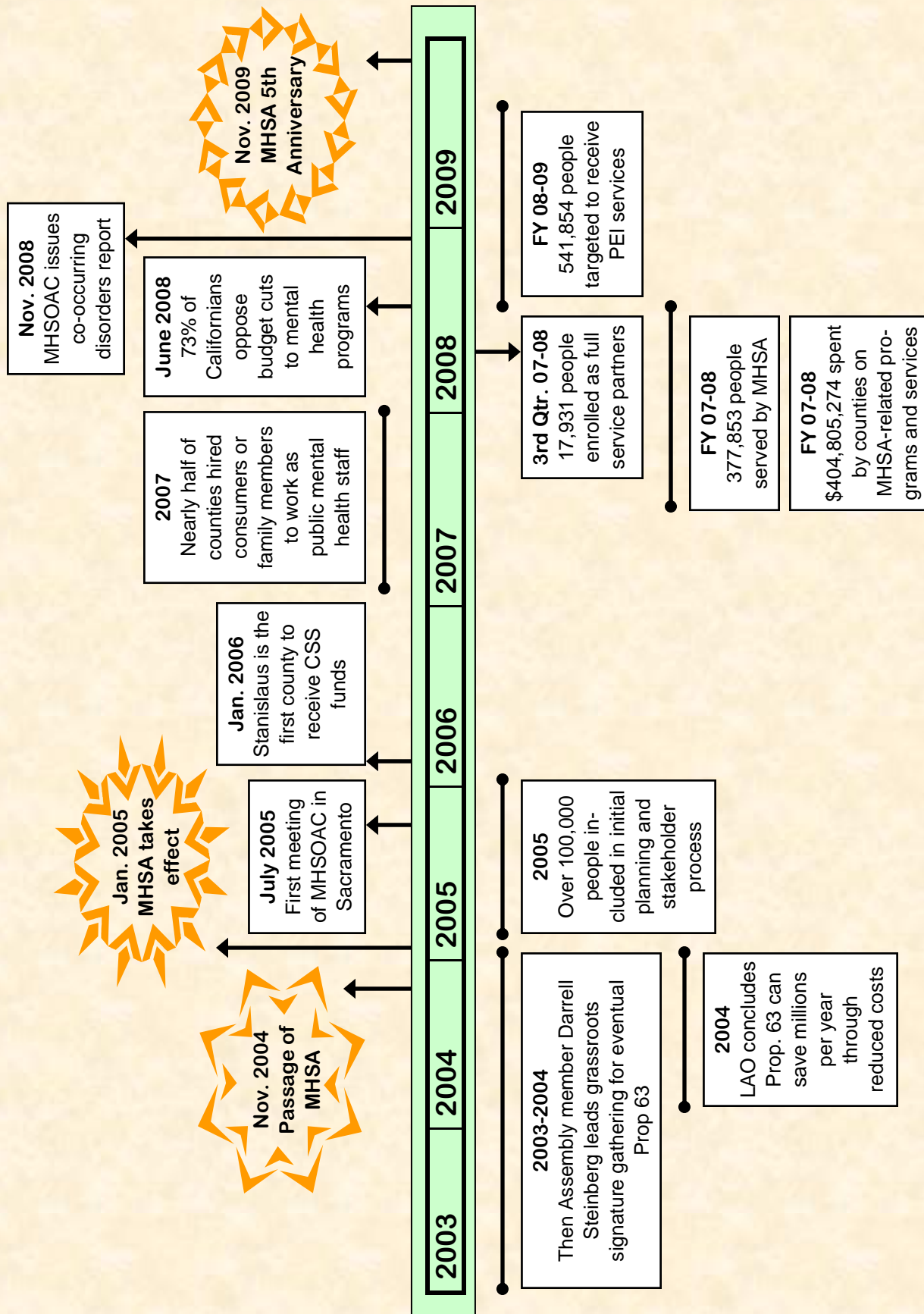
Share your thoughts on the topics being discussed during public comment periods. For more information on public comment, see the Rules of Procedure, section 4.14. The Rules of Procedure can be found on the MHSOAC website at <http://www.dmh.ca.gov/MHSOAC/default.asp>.

Call-in to Teleconferences

You may call-in to public meetings. Numbers and participant passcodes will be listed on the meeting's agenda. If you have difficulty connecting, call (916) 445-8696 for assistance.

Turn to Page 6 for more ideas on how to get connected in the statewide process!

MHSA MILESTONES



Resource Development Associates Begin Evaluation of MHSA

By Matt Lieberman

On November 9, Kayce Rane from Resource Development Associates (RDA) gave a presentation to the MHSOAC Evaluation Committee on developing an evaluation scope of work for the current MHSA Comprehensive Evaluation. Tasks for the scope of work include: a preliminary report on goals, values, and objectives to be achieved; an inventory and summary of existing databases; an evaluation framework; and, Phase II evaluation scope of work.

In order to improve its understanding of MHSA goals, values, and objectives, RDA staff has been reading existing MHSA related documents. Ms. Rane has been seeking to answer several questions including: how has the MHSA transformed mental health?; how has the MHSA added to mental health?; and, how is data being recorded and used?

Rane said, "In moving towards an evaluation framework, RDA will be conducting

provider surveys in January and will be surveying counties in February." By the end of May, RDA will produce a scope of work.

Rane asked the Evaluation Committee what is most important for the evaluation to measure. She asked the Committee to answer this question from the perspective of the Legislature, Consumers, and County Mental Health Departments and their partners.

The general response from the Committee to Rane's question was that they wanted to know if MHSA dollars were spent effectively. More particularly, Mental Health Planning Council Executive Director Ann Arneill-Py wanted to know if there had been a reduction in the seven negative outcomes specified in the MHSA—including unemployment, incarcerations, and homelessness, etc.

From the consumer perspective, Commissioner Richard Van Horn asked if individuals with mental illness are in fact re-

covering. Van Horn said consumers would ask the questions, "Is my life working? Is it working in marriage and employment?" Client advocate Michelle Curran asked for consumers, "Is the MHSA being applied evenly throughout the state?"

For the counties, Curran asked, "Are the MHSA dollars being applied as the law requires?" California Mental Health Directors Association's Stephanie Welch queried for the Counties, "Are recovery, wellness and resilience being supported by MHSA funds?"

Additional questions to be answered by the evaluation were suggested by the audience. These questions included, "Were we able to reduce stigma and discrimination? Were we able to reduce disparities? How has consumers' quality of life improved?"

Kayce Rane added another question to the mix, "To what extent has the economic downturn affected interest and tolerance for evaluation?" Commissioner Van Horn responded that, "Good evaluation is important during an economic downturn in order to know if we are getting the bang for the buck."

Getting Involved with MHSA: Statewide Process

Continued from Page 4

Contact an Organization

The MHSOAC works with various stakeholders to fulfill the mission of the MHSA. A few of these stakeholders are:

- California Network of Mental Health Clients (CNMH)
<http://www.californiaclients.org/>
- United Advocates for Children and Families (UACF)
<http://www.uacf4hope.org>
- National Alliance On Mental Illness (NAMI)
<http://www.namicalifornia.org>
- California Institute for Mental Health (CiMH)
<http://cimh.org/Home.aspx>
- Racial and Ethnic Disparities Coalition (REMHDCO)
Email: shiramoto@mhac.org
- California Mental Health Director's Association (CMHDA)
<http://www.cmhda.org/go/Home.aspx>

You can visit their websites for more information on how to get involved.

Join Committees

MHSOAC committees focus and discuss certain issues and bring recommendations to the Commission. Currently, there are five committees in operation. These are:

- Mental Health Funding and Policy
- Client and Family Leadership
- MHSOAC Services
- Evaluation
- Cultural and Linguistic Competency

For upcoming committee meeting information and agendas, visit

<http://www.dmh.ca.gov/MHSOAC/Meeting.asp>.

Join the MHSOAC Mailing List

To keep up-to-date on meeting information, current documents, and changes made to the MHSOAC website, join the MHSOAC mailing list. To do so, send an email with *Subscribe* in the subject line to mhsoc@dmh.ca.gov and include the following information:

- First and Last Name
- Email Address
- Phone Number (Optional)
- Address (Optional)
- Organizational Affiliation (Optional)

Prevention and Early Intervention Progress Report

As of December 1st, 2009, 48 Prevention and Early Intervention Plans have been approved, for a total of over \$337 million dollars. Currently, plans from El Dorado and Lake counties are being reviewed.

County	Date Approved	Amount Approved
Alameda	11/20/2008	\$4,891,876.00
Alpine	07/23/2009	\$278,500.00
Berkeley	04/24/2009	\$966,700.00
Butte	06/26/2009	\$1,823,300.00
Calaveras	04/24/2009	\$291,000.00
Colusa	02/27/2009	\$150,000.00
Contra Costa	03/26/2009	\$5,553,000.00
Fresno	08/27/2009	\$6,537,258.00
Glenn	09/25/2008	\$155,300.00
Imperial	07/23/2009	\$1,835,124.00
Humboldt	02/03/2009	\$613,853.00
Inyo	05/28/2009	\$150,000.00
Kern	09/24/2009	\$3,859,069.00
Lassen	04/24/2009	\$156,600.00
Los Angeles	03/26/2009	\$5,739,200.00
	08/27/2009	\$121,661,559.00
Madera	03/26/2009	\$1,247,900.00
Marin	03/26/2009	\$1,338,927.00
Mariposa	03/26/2009	\$150,000.00
Merced	11/20/2008	\$1,903,000.00
Modoc	09/25/2008	\$125,000.00
Mono	07/24/2008	\$125,000.00
Monterey	07/24/2008	\$3,357,700.00
Nevada	05/28/2009	\$1,454,500.00
Orange	03/26/2009	\$31,146,234.00
Placer	02/27/2009	\$1,433,374.00

County	Date Approved	Amount Approved
Plumas	03/26/2009	\$225,000.00
Riverside	09/24/2009	\$31,853,700.00
San Benito	05/28/2009	\$467,900.00
San Bernardino	09/25/2008	\$14,239,611.00
San Diego	02/03/2009	\$25,193,145.00
San Joaquin	05/28/2009	\$10,337,900.00
San Francisco	04/24/2009	\$6,436,374.00
San Luis Obispo	02/27/2009	\$1,979,500.00
San Mateo	12/16/2008	\$2,071,177.00
Santa Clara	09/24/2009	\$12,429,997.00
Santa Cruz	05/28/2009	\$3,800,242.00
Sacramento	10/22/2009	\$1,600,000.00
Shasta	05/28/2009	\$2,789,500.00
Solano	09/25/2008	\$1,890,633.00
Sonoma	03/26/2009	\$1,117,500.00
Stanislaus	05/28/2009	\$7,845,800.00
Sutter-Yuba	08/27/2009	\$1,350,300.00
Trinity	02/27/2009	\$125,000.00
Tulare	05/28/2009	\$7,682,776.00
Tuolumne	02/27/2009	\$378,200.00
Ventura	10/22/2009	\$5,250,583.00
Yolo	04/24/2009	\$1,439,700.00

Total PEI Plans Approved:	48
Total Expenditures Approved:	\$337,448,512.00

Innovation Progress Report

As of December 1st, 2009, two Innovation plans have been approved by the MHSOAC, totaling almost \$2.5 million dollars. Currently, Innovation plans from Los Angeles, Solano, Alameda, Trinity, Monterey, and San Diego counties are under review.

County	Date Approved	Amount Approved
Kern	07/23/2009	\$2,254,600.00
Riverside	09/24/2009	\$224,949.00

Total INN plans approved:	2
Total expenditures approved:	\$2,479,549.00

The OAC Visits the OC!

Asian Pacific Islander Behavioral Health Collaborative Site Visit Orange County



From Left to Right: Executive Director of OCAPICA Mary Ann Foo, Commission Chair Andrew Poat, Giang Nguyen, Associate Medical Director Clayton Chau, and Commissioner and Senator Lou Correa

By Amy Shearer

On Wednesday, September 23rd, several MHSOAC Commissioners and staff, as well as various mental health community stakeholders, were treated to a presentation by the members of the Asian Pacific Islander Behavioral Health Collaborative (APIBHC), in Santa Ana. The event was hosted by the Vietnamese Community of Orange County (VNCOC), and included presentations by Korean Community Services (KCS) and Orange County Asian Pacific Islander Community Alliance (OCAPICA). Commissioners in attendance included commission chair Andrew Poat, Senator Lou Correa, and Darlene Prettyman.

The evening began with a buffet of delicious Vietnamese food, which gave everyone the chance to mingle before the event began. Displayed in one area of the room were several fantastic pieces of client artwork, which drew praise from the attendees.

The event schedule opened with a performance by singer Chi Dao, whose soaring vocals brought a tear to more than one eye. Dao first sang the popular song from Disney's *Aladdin*, "A Whole New World", but it was her astounding performance of a traditional Vietnamese love song that had

everyone on their feet in applause. Dao explained that the ballad was about, "the love for the mother tongue, the love for the country, and the love for the people".

When the applause died down, Behavioral Health Services Associate Medical Director, Dr. Clayton Chau, extended a

welcome to the MHSOAC Commissioners and staff, and turned the microphone over to Orange County's MHSA Coordinator Kate Pavich. Pavich proceeded to describe the makeup of the Asian Pacific Islander Behavioral Health Collaborative, and went on to say, "What you see here tonight is a picture of a community that cares, that has a heart for those with mental health issues, and reaches out to include and provide for them, and it is a wonderful example of our MHSA dollars at work, transforming lives and communities."



Singer Chi Dao captivated everyone with her soaring vocals

Next, a short documentary that was created collaboratively by the APIBHC was presented. The film was entitled "Our Com-

munity's Situation, Our Response, Our Accomplishments, and Our Needs" and highlighted specific issues in those areas.

After the video, Paul Hoang, staff at Project FOCUS at OCAPICA, and KCS's Children's Outreach Coordinator Julius Kim introduced three consumers who wanted to share their success stories; Sue*, and Andrew* and his son, John*. With the help of a translator, Sue told how KCS had helped her and her fifteen-year-old son, who was diagnosed with ADHD. Through



Commissioner Darlene Prettyman smiles with Tho Be, a Vietnamese community singer

KCS, her son had received tutoring services, time management counseling, and therapy. As a family they had been encouraged to spend more time together outside of the home, and Sue and her husband had also attended couple's therapy and parenting classes. Through the classes, Sue explained, she learned that the problem wasn't always with her son, and that there were things that she and her husband could do to improve the situation. She was grateful for the help that KCS had provided, because in the Asian community children with ADHD are often treated as outcasts. They are shunned at school by their peers and teachers, and often become isolated and lonely as a result. "Through KCS we have been able to get through the hardships," said Sue, "I recommend this for other families."

Continued on Page 12

Scrambled Eggs

A moving performance that takes the audience on a journey from onset to recovery



The performance troupe members, from left to right: John Vanlancker, Beverly Baird, Mark Borquez, Tiffany Keeler, Brian Wynne, and Dave Foltz.

By Christina Call

"Mental Illness. Mental Illness? MENTAL ILLNESS!! ...That guy talking to himself on the bus... Straight jacket! Neurotic! Paranoid! ...Out of control! ...Slave to their addiction! ...MENTAL ILLNESS!!" These are several things that come to mind when some people think of mental illness. This was also how the performance troupe from Art Works began their presentation called "Scrambled Eggs" at September's Commission meeting. Art Works is one of many programs offered through Jefferson Transitional Programs in Riverside and is funded in part by the MHSA.

The performance troupe at Art Works consists of five people, all of whom have experienced a mental illness. Scrambled Eggs tell their stories through a series of

interwoven vignettes that take the audience on a journey from the onset of mental illness to recovery. The actors begin telling their stories with symbolic animal characters; one actor, Tiffany, characterizes herself as a gray deer. Her mother deer taught her fear, she says. She learned not to trust anyone and soon grew up to be dingy gray doe. Mark describes himself as a

mustang that now runs freely and has a family. "It wasn't always like that," says Mark, as he explains how he once ran wild for ten years. Beverly portrays herself as a bird, living in a nest of pins and needles. Dave describes himself as a cat on "one of life's journeys" and John talks about a bobcat who had a relatively normal life until he started feeling like life moved too slowly for him.

The group transitions into what they call "dark days": days when they've felt depressed or anxious. Scrambled Eggs performer, Mark, says on his dark days, "I feel like screaming, but there's nobody there to hear me." Dave says, "I have felt as though I were on a trip to nowhere." Each experience was different, revealing the complexity of mental illness. For Mark, he felt like he needed to buy new things to be happy, even when he didn't have the money. "I need more!" Mark yelled as he ran from actor to actor, buying shoes, big screen TVs, and a brand new car all on credit.

After hitting rock bottom, the troupe acts out the recovery stage of their lives. John explains, "Recovery is a journey...and it never ends." The group goes on a recovery hike

that takes them through many obstacles. Their hike begins at "Wrong Diagnosis Depot" and leads them to a view of "Transformation Pass". Before they can reach that point in their recovery, they visit psychiatrists and are prescribed medication. Each performer reenacts his or her own experience, illustrating the positive and negative sides of being on medication and going through what they refer to as the "Managed Healthcare Machine". Once they find the right medication combination, they each find their own pathway to recovery. Some seek out group therapy, others individual counseling and occupational therapy. In the end, the deer came out of the woods with a shining coat; she was now a silver doe. The mustang found a support system and stopped running, the little bird left the nest and soared through the air, the cat found friends to play with,



and the bobcat learned patience and finally caught a fish.

Each individual in the troupe has an amazing story to tell and they do so artistically and tastefully in Scrambled Eggs. They've shared their stories with over 1,000 people, peers and professionals alike. It is their hope that by telling their stories, they will help others see that recovery is possible and will help eliminate the stigma that still exists around mental illness. If you get the chance, see Scrambled Eggs, it just might change your life.



For more information on the Art Works program and other Jefferson Transitional Programs services, you can visit their website at www.jtpfriends.org

Riverside Site Visit

The MHSOAC Visits Art Works, Riverside Peer Resource Center, and The Place Riverside County

By Amy Shearer

The day after the September Commission meeting, several members of the OAC staff gathered bright and early in Riverside to visit three unique MHSA funded programs.



Art Works

The first, Art Works, is the birthplace of the Performance Troupe's Scrambled Eggs presentation, which the MHSOAC had the opportunity to enjoy the day before at the Commission Meeting. Art Works is a small gallery, situated a block away from the historic Mission Inn in Riverside, and is home to some fantastic pieces of art. Art Works offers art, creative writing, and acting classes, and is a place for consumers to express themselves through creative mediums. Art Works is partially staffed by peers who teach as well as attend the classes. Sandy Murillo, a volunteer and consumer whose artwork is displayed in the gallery, explained, "I try to give as much as they have given me." This senti-



Tiffany Keeler, Michelle Ebert-Freire, and Drew Oberjuege of Art Works, holding their Certificate of Appreciation from the MHSOAC

ment was echoed by many of the volunteers. Tiffany Keeler, the Art Works art coordinator and a member of the Performance Troupe, said that, "Art Works was the first place I had ever been told I could instead of I couldn't, I was capable instead of incapable, and I had strengths instead of deficits." Art Works is much more than a gallery or an art studio; it is a place where individuals can come together to support and encourage each other. "[Here] you are a part of many," said Murillo, "They understand and give you support."

Art Works had arranged for D.J. Elliot, their current featured artist, to give a tour of her paintings and share her story of recovery from mental illness. Elliot's journey of recovery is visible

from a first glance at the gallery walls. The first few pieces are dark and brooding, and convey a sense of despair and hopelessness. The obvious exception is a small painting consisting of erratic colored lines, as though the paint had been frantically thrown at the canvas. Elliot revealed that this painting had been created during a manic episode; the others were from her long periods of depression. Following these is a painting – Elliot calls all her paintings "self-portraits" – of a human figure in tortured agony. A brick wall, complete with barbed wire, is being pulled out of her torso. Elliot explained that it is a painting expressing how she felt in therapy sessions. Further down the wall the paintings become lighter, more organized, and the human figures seem benign or expressionless, rather than anguished or suffering. The final painting in the series is that of a young girl gazing out at a tranquil pastoral scene. Elliot described the painting as important to her because for the first time, she was, "looking forward, out at something else



Artist D.J. Elliot, in front of her painting "Mind Slip"

beyond myself."

Elliot credits much of her recovery to her faith, but also to the many people who helped her during her recovery. Said Elliot, "It was the caring people who made that difference in my life." In addition to being an accomplished artist, Elliot is now a psychiatric technician.

Riverside Peer Resource Center

Next on the agenda was a visit to Jefferson Transitional Program's Riverside Peer Resource Center. Sue Moreland, CEO at

JTP, explained that the Resource Center was one of three similar centers run by JTP, and currently has over 50 peer employees – "All of it made possible through MHSA funds!" said Moreland. The PRC works with the Department of Rehabilitation to help get people back on their feet, and give them experience

working in a professional setting.

Most of the PRC staff came through a program called work trial, and ended up staying because, "they didn't want to leave!" explained Karen Hudson, Executive Director of the three Peer Resource Centers. Hudson herself is the perfect example; she



The office where individuals in the Work Trial program provide clerical support

was recommended to the center through

Continued on Page 11

MHSOAC Site Visit Riverside

Continued from Page 10

the Department of Rehabilitation and spent 10 days learning the ropes. Said Hudson, “Those 10 days erased 7 years of hopelessness... [and] changed my whole outlook on my self and mental illness.” Hudson asked the center to call her if they ever had an opening for a staff member; happily, she received just such a phone call about two months later. Hudson has been working at the center for two years, and obviously loves her job. “It’s just the everyday business of being there to change lives!” quipped Moreland.

During the work trial, individuals can work in the office as clerical support, or answering the phone at the reception desk, or as facility maintenance. This experience goes a long way to making people feel more comfortable being in a professional environment again; many people recovering from a mental illness are wary of entering the workforce again because they are afraid they may become ill again. As Hudson said, this work experi-

The Center also offers a large variety of peer-run classes that cover everything from basic Spanish to money management and positive self-talk. An entire wall is devoted to posters describing the classes; Kenneth White, the Adult Education Coordinator,

Sargent was also a client before she was taken on as staff, and has worked at the center for three years – the longest she has ever worked in her life, she confided. “It means so much,” she said. She loves her job, which she compares to being a fairy

godmother who works with real magic. “Everybody comes here and they get their miracle,” she smiled. “It’s exciting when people come here and they say, ‘I wanted to do this’ or ‘I had this’ or ‘I used to do this’ or ‘I used to write’ or ‘I used to draw’. And then I get a little tickle in my heart because I see where they’re headed, you know there are miracles coming, you know where they’re going to go,” said Powers Sargent.

It’s clear that peer-run support services are effective in helping clients reach their recovery goals, and the Riverside Peer Resource

Services Center is no exception. As Moreland said, “MHA [sic] funding has changed the face of what’s happening... We knew what the recovery pathway had to be and how to lay it out... but until we actually had funding, it just didn’t go very far.” With the help of MHSA funds, the center continues to be able to help clients regain their independence.

The Place

Riverside’s Safehaven program, ‘The Place’, was the last stop on the visit. The Place is a homeless drop-in center that also has a permanent resident facility. Individuals who visit the drop-in area are greeted by trained peer support staff who help to

Continued on Page 12



Monica Powers Sargent smiled as she talked about her job as “fairy godmother” at the Peer Resource Center

ence, “gets their feet wet,” and helps them to realize they can still succeed in a professional setting. The peers are paid minimum wage, which itself is empowering; Hudson calls it “the power of a paycheck!”

explained that because the classes are peer-run, the available courses change depending on who is currently attending the Center. The staff and volunteers all complete an 80 hour program called “Peer Employment Training” which certifies them to work with peers in the center.

The upstairs has a large and small adult classroom, an adult computer resource area, a small kitchen, and Sue Moreland’s office. The smaller classroom is arranged like a familiar living room, and is made to feel more comfortable and cozy. This room is often used for the Men’s Group or the Women’s Group, where a more intimate setting is preferable. The Transition-Age Youth classroom is downstairs, as well as a resource room that is outfitted with computers and printers, and the staff offices. The Center also employs community specialists for underserved communities, and an occupational therapist.

What makes peer-run centers so invaluable in the recovery process is that they offer clients a chance to see real role models in action; people who have been through similar situations and have come out the other side. Monica Powers Sargent, the Peer Resource Center’s Engagement Coordinator, sees this interaction all the time. Powers



From the left: Chanel Wark, Kenneth White, and Karen Hudson of the Peer Resource Center with Jose Oseguera, MHSOAC



Wendell Williams makes lunch for the residents of The Place in their community kitchen



Bridget Vigneault, David Dickey, Wendell Williams and John Vanlancker of The Place smile as MHSOAC's Jose Oseguera presents them with a Certificate of Appreciation

MHSOAC Site Visit - Riverside

Continued from Page 11

assess their immediate and long term needs. The drop-in area offers basic meals, showers, and a laundry facility. It is heated during the winter, and air-conditioned during the summer. These basic necessities go a long way to making individuals who come to The Place feel more comfortable and welcomed. If they choose, they can work with the peer support staff to determine if they would be a good candidate for long-term residency.

The residential portion of The Place is separated from the drop-in areas by locked doors to maintain privacy. The residents share a common living room, which was comfortably furnished with couches, a TV, and various board games and movies. The Place has the capacity for 25 residents, with two people per room and one single-occupancy room.

Staff member Bridget Vigneault explained that they encourage a community or family atmosphere, and that The Place is considered "low-demand" and the focus is on

harm reduction. Residents are responsible for general housekeeping chores, and they take turns cooking and cleaning up. Vigneault explained that although the goal is to help people transition to an independent living situation, The Place is permanent housing and there is no limit for how long an individual can live there.

There are case managers and clinicians on site five days a week, and there are staff members available 24 hours a day. People often come to The Place through referrals from the city, the Department of Mental Health, the police department, and the neighboring short-term homeless shelter.

From talking to residents and drop-in participants, it was clear that The Place has changed many lives. Joy, an elderly resident at the shelter, expressed her gratitude by saying, "The people here are wonderful, fantastic.... They're doing everything they can to help me.... They've saved my life." She explained that she was working with the staff to find independent housing. Esther, another resident, said, "I love this place! I've been here for a year and three months and I have nothing but good things to say. They've been in our shoes before so they can relate to us." Esther is currently in college and is studying to be a nurse. Tabitha, a new resident, said that before she came to The Place she had, "a bad view on everything.... I [would] just [keep] everything in and then explode." But after being at The Place for only two weeks, she is known by the other residents for her sunny smile and cheerful demeanor. "There's always staff here if you need to talk," Tabitha explained. According to Esther, she is always joking around and makes everyone laugh. "Everybody just likes her," smiled Esther. Tabitha is contemplating a career as either a youth advocate or a probation officer.

The Place is another great example of the way that MHSA dollars are changing lives and providing people with a chance to reach their goals.

The OAC Visits the OC!

Continued from Page 9

Andrew and his son had had similar success for their family. Before joining the program, Andrew's young son was frequently in trouble at school and had problems controlling his anger. Working together with KCS, John was learning to identify his emotions and express them in constructive ways. KCS also collaborated with his school, and enlisted the help of his teachers to promote his well-being. Since joining the program, he has had no further problems at school.

Dr. Chau closed the event with a few words about the importance of cultural competency. He emphasized that an individual must be rooted in the community they are serving in order to be considered culturally competent, regardless of their



Husband and Wife Korean Drummers, Esther and John Choi

own background. "Services need to be provided by the community for the people in the community," he stated.

The evening ended with a bang – literally – as husband and wife team John and Esther Choi treated everyone to a traditional Korean drum performance. Esther, a slight figure dressed in a feminine pink garb, seemed transformed the second her drumsticks made contact with her drum. Her impassioned performance made her at times seem formidable as the room echoed with the rapid drumbeats. It was a spectacular conclusion to a very enjoyable evening.

** Names have been changed to protect privacy.*

Look for our MHSA Summer School Video, to be released in early 2010!
www.dmh.ca.gov/MHSOAC

Alameda County Site Visit

The MHSOAC Visits the Native American Health Center of Oakland



NAHC's Janet King and community member Kyle Nelson pose with the eagle feather

By Matt Lieberman

On October 21, 2009, a few members of the MHSOAC staff, several Cultural and Linguistic Competence Committee members, and Commissioner David Pating attended a site visit at the Native American Health Center in Oakland. After cleansing the meeting room by burning sage, Native American Health Center's Project Director Janet King convened the meeting. We were first led in an opening prayer by a community member and later in a prayer by NAHC staff member Ben Eiland. The Native American Health Center does not distinguish clients from providers or from anyone else. Everyone, in a spirit of egalitarianism and equal worth, is called a community member.

The site visit meeting was organized as a Native American talking circle. Holding an eagle feather, each member of the talking circle spoke about whatever was their "truth" at the moment. Many spoke about how pleased they were to have a meeting of the MHSOAC policymakers and the Native American Health Center community. Some spoke, as center psychologist John Parke did, of the limited resources of the center to meet the service demands of the community. Parke said some of the

stories of potential clients were "heartbreaking" and yet many had to be turned away.

Commissioner Pating spoke of his desire to help the Center know when doors will "open" for greater resources for the community. He noted that he felt like he was coming home to Oakland since his grandmother had lived not far from the health center. Dr. Pating hoped that the center community would welcome him to their family.

Joann Johnson, CLCC member from Sacramento County, spoke about how pleased she was to participate in a site visit that got her out of her office to meet program participants in person.

Gwen Wilson of the CLCC spoke about how heartbroken she was about the terrible treatment of the Native American community by the dominant culture in America. Several speakers followed on this theme of "never again" allowing the Native American community to be abused.

Native American Health Center Executive Director, Martin Waukazoo, commented on the fact that International Boulevard, formerly East 14th Street, used to be full of "Indian bars" and now they are all gone. He said this was a healthy development for the community. Waukazoo also said the health center opens its doors to the entire Oakland community—not just Native Americans. In fact, as one enters the Fruitvale neighborhood in which the health center is located, several cultures are evident from Native Americans to African Americans to Latinos to Asians and Pacific Islanders.

After the talking circle at one of the health center offices, Commissioner Pating and a few MHSOAC staff had the opportunity to tour the center's health clinic, located a

few blocks up International Boulevard. The clinic was modern and custom built for the health center. A tiled mosaic pole with a welcome message greets visitors at the door of the clinic. A round, four part circle, is prominently displayed on the floor as one enters the clinic. The four part circle represents the four sacred colors, four directions and the four races of human kind as one family.

The first floor of the clinic has an eating space and a sacred ceremonial space outside. On the second floor, and continuing with the circle theme, there are two circular waiting rooms. Petro glyphs adorn the front of the clinic receiving windows. Native American art, such as bowls and baskets, are contained in shiny glass display cases in the clinic entry way. There is great attention to architectural detail and beauty in the Native American Health Center clinic.

On Thursday, October the 22nd, Janet King led a delegation from the health center to the MHSOAC meeting at the Oakland Hilton. We were treated to a video presentation about the center, complete with Native American ceremonies, and received testimony from several of the health center's community members. As Janet King said, "The Native American



Director of Behavioral Health Ethan Nebelkopf, and Commissioner David Pating (Left to Right)

Health Center is more than a health clinic; it is a community gathering place and a community center. Ceremonies are essential to our mental health."



The Mental Health Services Act

How Far We've Come and How Much Further We Have to Go

By Christina Call

Maurice “John” Vanlancker and Lydia TWi are both graduates from Peer Employment Training and are currently employed through a non-profit called Jefferson Transitional Programs (JTP) at The Place, a safe haven in Riverside County funded by the Mental Health Services Act (MHSA). They are both actively involved in Art Works, an inno-

in 1998. When John was diagnosed, it took him about a week to realize he was in a psychiatric ward.

It was like a nightmare I thought was real. I couldn't control it; I was doing odd things like walking fifteen miles on foot. I thought I was on a spiritual journey. I was hallucinating, I thought I was invincible; I thought I could fly, read people's minds. I wasn't sleeping, I had racing thoughts...I was on a 5150. I was unstable.

When John got out of the hospital, he fell into a depression; he didn't accept the fact that he had a diagnosis. He began attending classes through an outpatient program through Loma Linda University. There, John took art classes, recreational classes, and classes to learn about his illness. He also participated in a dual diagnosis group. Thanks to support

from family and friends and from Jefferson Wellness Center, John was reminded of his potential and passion for cooking. After about a year, he worked up the courage to attend culinary school.

John had been involved with Jefferson Wellness Center for the past 8 years. “They helped me get back on track”, he says. Jefferson connected John with the Department of Rehabilitation which helped pay for his schooling. He took a year long program, five days a week, and excelled: graduating as a valedictorian. During his last quarter at the culinary school, John began working at a country club where he got to know the chef he would eventually apprentice for. Soon, John became a sous chef and joined the club's culinary Olympic team, winning a

silver medal. Their team even went to the Culinary Olympics in Germany in 2004 and placed 13 out of 50 to 60 nations.

Years later, John had a relapse. John says it probably had a lot to do with not taking his medication.

...I fell into depression again. I started isolating myself; I didn't want to leave my house. I still didn't accept everything that was going on; I kept thinking, maybe it was a one time thing. I fell into a delusional psychosis again...I was very unpredictable, very aggressive. For the next few months, I was in and out of the psychiatric ward about six times.

Now I'm on a good recovery path... When I was back at home and stable, I started going back to Jefferson and took cooking classes. I eventually got connected with Jefferson Transitional Programs (JTP) and started taking more classes there...a dual diagnosis class, Changes that Heal class, even a computer class. I started feeling better again...I started peer employment training, a class geared toward recovery to get employed with the county or JTP as a peer support specialist...It really made me self-aware. It opened up my eyes and my heart.

John says he is living proof that recovery is possible. He says he feels being a peer support specialist is his calling and that the classes gave him a purpose. Six months after graduating from training, John was offered a job at The Place, a safehaven run by Jefferson Transitional Programs and is made possible by MHSA funds. The Place is a residence and a drop-in center for people with mental illness; they help get clients connected to receive mental health services. There, John gets to do what he loves: provide support to his peers and cook. John says he shares his story sometimes on a daily basis; he knows that he is giving a lot of people hope. “I'm happy right now; my parents are supporting me 100%. They're proud of me, I'm proud of me. I think I've come a long way. I

Continued on Page 15



John Vanlancker in the kitchen where he often cooks for residents at The Place

vative project through JTP that uses the creative arts to promote wellness and recovery for its members. John performs in Art Works' drama troupe called Acting Out Loud and Lydia teaches poetry at Artworks and at Van Horn Youth Detention Center. Lydia recently proposed a \$1,500 grant project, which Riverside Arts Council approved, that will pay for her and a co-facilitator to teach two 8-week poetry classes to transitional age youth.

It is amazing to think that these two successful and talented individuals also live with a mental illness. At 18, John was diagnosed with a psycho-affective disorder and Lydia became psychotic and homeless after the passing of her mother

MHSA

How Far We've Come and How
Much Further We Have to Go

Continued from Page 14



Lydia TWi grins in her graduation
cap and gown

have a diagnosis, but that's not gonna hold me down."

Lydia is another success story. When Lydia lost her mother in 1998, she lost all sense of reality. "My entire life fell apart in '98," she says. Lydia became psychotic and homeless for about a year. She began receiving SSI services and moved into an apartment. Lydia also started taking dance classes at Riverside Community College. When she graduated with an AS in Human Services, she says it was a big deal.

When I graduated, I started working with Jefferson Wellness Center. I could not get a job; then I heard that they were offering a job for somebody to teach poetry. They asked me to teach

poetry in Perris, California at the JTP facility; I did, for 8 weeks. I was working with people with PTSD, bipolar disorder, schizophrenia...we had a blast. I have been working with Jefferson Wellness Center [and Jefferson Transitional Programs] since. A piece of me that was not tapped into, has been [discovered]. I'm not broken anymore, it feels so good. I want to teach poetry so that they can feel like how I feel...I'm doing what I always wanted to do; I wouldn't have been able to do this without JTP.

Lydia is now a peer support specialist and says that it fits her.

I'm growing and that's my story; I went from insanity to homelessness to a job to a spiritual awakening...seems like everything is working out for me more than I ever thought it would. I got a job after two years of looking. I'm a peer counselor; it's good for me. I got my first paycheck today, it was a high...I'd still be looking for work if I hadn't volunteered for Artworks.

Success Stories at Turning Point Community Programs

Turning Point Community Programs is another non-profit mental health agency that provides a variety of services to mental health consumers and their families. They have several centers throughout the state of California and serve nearly 4,000 people a year with an emphasis on consumer-driven services and self-empowerment. Turning Point not only offers mental health services, but support, employment, and housing as well--all of which play a significant role in individual recovery.

Mark* was a maintenance technician at Turning Point; he has his own car and an apartment to support himself and his daughter. Life for Mark hasn't been easy.

I came into this community with little money or family. I had a job, but wasn't making enough to have a home or transportation. I was homeless and working as hard as I could. I have a

baby girl who is my entire world. I needed to do everything to make sure that I could provide for her. I found myself overworked, underpaid and over my head. My wife and I had split up under the pressure of it all and I found myself alone, self-medicating and not caring about anything. I came to the Consumer & Family Employment and Empowerment Center and at first I wasn't sure how they would be able to help me. I met Christina and Celedina who were extremely nice and comforting. They told me that I was "special" and had a lot to offer. My mother had died a while ago and they were like my "surrogate mothers." Soon I was working for Turning Point as a maintenance technician and I thrived. Everyone I met was so nice and helpful. I felt like I belonged again. Within a few months, I had opened my own cleaning business. I have accepted another job in the community that pays higher and allows me to have insurance for myself and my daughter. I have a car, my own apartment and a great life. I come to the center to visit each week, and although I don't work there anymore, they all still welcome me as if I never left.

Programs like Jefferson Transitional Programs and Turning Point are helping people like John, Lydia, and Mark realize their potential and understand that recovery is possible. Through providing cooking or poetry classes, or making clients feel welcome every time they step in the door, JTP and Turning Point are making a difference. These are just two of many county mental health programs that receive MHSA funding. With the recent approval of Prevention and Early Intervention plans, we hope to hear of many more success stories as the counties begin implementation.

**Names have been changed to protect privacy.*

A special thank you to Lydia,
John, and Mark* for sharing
your stories.

You are all an inspiration.

CONTACT US

Sunflower Gardens Progress Report

Submitted by Susan Alnes, Director of Development and Communications, Interim, Inc.
The Project

Sunflower Gardens, under construction in Salinas, will provide 18 units of affordable housing for 23 low-income adults with psychiatric disabilities who are homeless or at risk of homelessness. Located on Sun Street, the project will contain 15 studio units, two four-bedroom units (each to be shared by four adults) and one resident-manager unit; two of the units will be transitional housing (limited to two years), 15 of the units will be permanent housing. We expect that the project will be awarded a Silver or Platinum rating for Leadership in Energy and Environmental Design (LEED) for homes, making it among the first affordable housing projects in the country to win LEED certification. We



broke ground for this project in April 2009, and construction is scheduled to be completed in April 2010.

Our Progress

We are on schedule to finish in April 2010: we are on time and on budget. Almost all of the site work has been completed, and the



parking lot has been paved. The buildings are framed, and the exterior walls have been sheathed. The roofs have been papered, and roof tiles are being installed. Most of the windows have been installed, and the exterior plastering is underway. Framing, plumbing, and electrical inspections are scheduled with the City of Salinas for the second week in December.

Funding

Funding for this project has been provided in part by CalHFA, through the Mental Health Services Act Housing Program (Prop 63), Monterey County (State CDBG), City of Salinas (CDBG), and the Salinas Redevelopment Agency. Rabobank and CalHFA are providing the construction financing. To date, Interim has raised \$481,497 in private donations and has only \$33,253 to meet its Capital Campaign Goal for Sunflower Gardens.

The Impact on our Consumers

The Sunflower Gardens project has involved our consumers—all low-income adults with mental illness—at every step of the process. Consumers worked with our architects to provide input on issues ranging from the design of the washrooms to the selection of windows that could be easily used by adults

with disabilities. Our art collective, Break-through H'Art, has teamed with homeless artists from Dorothy's Place to create 11 ceramic mosaics and worked with our builder to select nine exterior and two interior locations to hang the mosaics. Consumer families have come forward to help with decorations for Sunflower Gardens, including the mother of one consumer who has created hand-made single-bed quilts for every bedroom.

As of January 13, 2010, Interim will begin taking applications for Sunflower Gardens. Notices have been sent to partner agencies (Monterey County Behavioral Health, United



Way, and the Coalition of Homeless Services Providers, among others). Advertisements will run in local newspapers (The Monterey Herald, The Salinas Californian/El Sol)). Advertisements and applications are being offered in both English and Spanish, and MCHOME staff will provide any support that consumers may need in filling out the applications.

In May 2010, 23 low- and very-low income adults with mental illness—all homeless or at risk of homelessness—will begin to move in to Sunflower Gardens, taking the next step toward healing, housing, and hope. We appreciate the Community Foundation for Monterey County's involvement in this very important project.

All photos courtesy of Interim, Inc. Content has been edited to allow for space constraints.

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Mark Your Calendar!

Next Commission Meeting:

January 28th, 2010 - Sacramento

Visit us on the Web for the most
current meeting information:
www.dmh.ca.gov/mhsoac